



**DECLARATION AND POWER
OF ATTORNEY FOR UTILITY
OR DESIGN**

PATENT APPLICATION

☐ Declaration ☒ Declaration
Submitted with Submitted after Initial
Initial Filing Filing (surcharge
37 CFR 1.16(e) required)

Attorney Docket No. EXT-047CP
First Named Inventor Anthony P. Shuber

COMPLETE IF KNOWN

Application Serial Number 09/988,491
Filing Date November 20, 2001
Group Art Unit Not Yet Assigned
Examiner Name Not Yet Assigned

**COPY OF PAPER
ORIGINALLY FILED**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method for Alteration Detection

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on
(MM/DD/YYYY)

November 20, 2001

as United States Application Serial Number or PCT International

Application Number 09/988,491 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information known by me which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

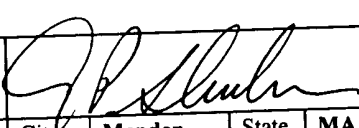
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Anthony P.				Shuber				
Inventor's Signature					Date		1/23/02	
Residence	City	Mendon	State	MA	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address		6 Parker Road						
Mailing Address (ln. 2)	City	Mendon	State	MA	ZIP	01756	Country	U.S.A.
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence	City		State		Country		Citizenship	
Mailing Address								
Mailing Address (ln. 2)	City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence	City		State		Country		Citizenship	
Mailing Address								
Mailing Address (ln. 2)	City		State		ZIP		Country	



Creation date: 06-01-2003

Indexing Officer: IS1 - Index Station 1

Team: CENTRALSCANPRINT

Dossier: 09988491

Legal Date: 11-03-2002

No.	Doccode	Number of pages
1	TRNA	2
2	IDS	14

Total number of pages: 16

Remarks:

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